File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAGE

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2003 JUL 24 AM 9: 17

COMMITTEE NAME (Must be same as on Statement of Orga	anization)	- 1		
Committee to Preserve Local Healthcare	·		FORM DR-2	
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candid Subdivision Candidate (8) County PAC (9) City PAC (10) School Edit 1) Local Ballot Issue	2)State PAC (3)State Party	cal AC ((Rev. 07/2007) For Office Use On Comm. #	_
CANDIDATE COMMITTEES ONLY:			Logged In	
Candidate Name	Political Party (if applicable)		Scanned	
		_	Computer	
Office Sought	District (if Senate or House)		Audited	
Late reports are subject to possible civil and oriminal penalties. Pur	rsuant to Iowa Code sections 68B.32 563-263-1485 TELEPHONE	2A(7) and	7-22-09	
AM FILING AJuly 19, 2009	REPORT FOR (1) ELECTIO	N /(<u>2)N</u> O	N-ELECTION YEA	AR.
(report date)	Indicate by	# 1		
CHECK IF AMENDMENT TO REPORT DATED		Local Co	ommittees, enter Dat	te of Election
			1ay 5, 2009	
☐ Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.)	Dissolution Form DR-3.		ty & Local Committees, enter County in	
(You must continue to me reports until a DR-3 is med.)	,	1	lection is held	•
		ليسيا	Muscatine	
STATEMENT OF CASH ON HAND				
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the care of the last reporting period or must be zero if this is first	ash on hand at the end		1,243.78	3
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Schedul	le A) (*also see in-kind below)		0)_
Schedule F: Loans Received total (Attach Schedule F	·)		-0	-
Schedule H: Total Sales of Campaign Property (Attac)_
(Schedule H applies to Candidates' Comm	ittees Only)			
	SUB-TOTAL	\$	1,243.7	8
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				
Schedule B: Expenditures total (Attach Schedule B) (*	**also see debts and loans below)		-0-	
Schedule F: Loan Repayments total (Attach Schedule	•		-0-	
ASH ON HAND at the end of this reporting period (if final repo				
UNPAID BILLS (From Schedule D - Attach Schedule D)				
N KIND CONTRIBUTIONS (From Schedule E - Attach Schedu		-		
OUTSTANDING LOANS (From Schedule F - Attach Schedule				
ONSULTANT BREAKDOWN (Schedule G Attached?)	• /************************************		~	
ANDIDATE COMMITTEES ONLY:		_	· 1E9	10
··· ·· · · · · · · · · · · · · · · · ·	r Cabadula III	_		
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach	i ochequie H)	\$		

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

OR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE	INCURRED
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 08/98)	INDEBTEDNESS
Committee to Preserve Local Healthcare	CHE	CK THIS BOX
NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.	IF AI FOR	MENDING M

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

1 of 1 (for Schedule D)

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
05/05/09	Greater Muscatine Chamber of Commerce & Industry 102 Walnut Street Muscatine, IA 52761	Consulting, managing, and organizing campaign	\$ 2,500.00
-			
·			
		SUB-TOTAL	\$
	TOTAL DEBTS OWED BY COMMITTEE AT TH	HE END OF THIS REPORTING PERIOD .	\$

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

				RESET	SCHEDULE	
COMMITTEE NAM	ME(Must be same	as on Statement o	f Organization)		G BREAKE	
Committee	to Preserve I	_ocal Healthcaı	re		(Rev. 02/08) EXPEND BY CONS	ULTANT
					CHECK THIS BO AMENDING FOR	
PART I - NAME AN Name of Consult	ND ADDRESS OF tant	CONSULTANT				7
		ber of Comme	rce & Industry			
Mailing Address 102 Walnut						
City		State		7		1
Muscatine		IA	52761			
CONTRACT PER)	TOTAL ANTICIPATED	COMPENSATION FOR PERF	ORMANCE	
From April 1,	2009					
то <u>Мау 5,</u>	2009		\$ 2,500.00	· · · · · · · · · · · · · · · · · · ·		
ESTIMATES OF PE	FREORMANCE					J
Consulting,	advertising, i	managing, and	organizing campa	ign		
				*		
CONTRACT (These	BREAKDOWN C	OF UNREIMBURSEI	D EXPENSES PAID BY d on Schedule B, as the	CONSULTANT TO OTHERS I	N PERFORMING SERVICES (DF
PART II- ITEMIZED CONTRACT (These DATE EXPENDED (MM/DD/YR)	NAME AND	d NOT be reported	d on Schedule B, as the OM EXPENDITURE	CONSULTANT TO OTHERS In a see direct payment from the Purpose	N PERFORMING SERVICES (consultant.) AMOUNT EXPENDED	OF
DATE EXPENDED	NAME AND	ADDRESS TO WHO	d on Schedule B, as the OM EXPENDITURE	y are direct payment from the	consultant.) AMOUNT	DF
DATE EXPENDED	NAME AND	ADDRESS TO WHO	d on Schedule B, as the OM EXPENDITURE	y are direct payment from the	AMOUNT EXPENDED	DF
DATE EXPENDED	NAME AND	ADDRESS TO WHO	d on Schedule B, as the OM EXPENDITURE	y are direct payment from the	AMOUNT EXPENDED	DF
DATE EXPENDED	NAME AND	ADDRESS TO WHO	d on Schedule B, as the OM EXPENDITURE	y are direct payment from the	AMOUNT EXPENDED	DF
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DATE EXPENDED	NAME AND	ADDRESS TO WHO	d on Schedule B, as the OM EXPENDITURE	y are direct payment from the	AMOUNT EXPENDED \$	DF
DATE EXPENDED	NAME AND	ADDRESS TO WHO	d on Schedule B, as the	PURPOSE	AMOUNT EXPENDED \$ AL \$	DF

Page 1 of 1 (for Schedule G)